

**TOWN OF CASSIAN, ONEIDA COUNTY, WI**  
**FIREWORKS PERMIT APPLICATION**

**Onsite Pyrotechnician Information:**

Name:

Address:

Phone Number:

**Fireworks Display Information:**

Date:

Time:

Location:

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Please return application to Town of Cassian Chairperson for approval